

*United States Court of Appeals*

FIFTH CIRCUIT  
OFFICE OF THE CLERK

CHARLES R. FULBRUGE III  
CLERK

TEL. 504-310-7700  
600 S. MAESTRI PLACE  
NEW ORLEANS, LA 70130

September 28, 2007

Mr Iraj Shahrok  
572 Ralston Avenue  
Belmont, CA 94002

No. 07-60545 Ortiz-Morales v. Keisler  
Agency No. A70 291 383

We have filed the record. PETITIONER'S BRIEF AND RECORD EXCERPTS ARE DUE WITHIN 40 DAYS FROM THE DATE ABOVE, See FED. R. APP. P. and 5TH CIR. R. 28, 30 and 31. Except in the most extraordinary circumstances, the maximum extension for filing briefs is 40 days in agency cases. See also 5<sup>th</sup> CIR. R. 31.1 to determine if you have to file electronic copies, and the Portable Document Format (PDF) you MUST use. See also 5<sup>th</sup> CIR. R. 30.1 for the contents of the Record Excerpts which are filed instead of an appendix. You may access our briefing checklist on the Fifth Circuit's Website "www.ca5.uscourts.gov/clerk/docs/brchecklist.pdf". An intervenor's time is governed by 5<sup>th</sup> CIR. R. 31.2. 5<sup>th</sup> CIR. R. 42.3.2 allows the clerk to dismiss appeals without notice if the brief is not filed on time.

The caption for this appeal is attached, and we ask you to use it on any briefs filed with this court.

If the case above is an Immigration and Naturalization Service case and that agency has filed an original record, the appendix and record excerpts are not required.

Sincerely,

CHARLES R. FULBRUGE III, Clerk

By: *Angelique D. Batiste*  
Angelique D. Batiste, Deputy Clerk  
504-310-7808

Enclosure

cc w/encl: Ms Ashley Bell Han

BR-2

**EXHIBIT 1**

Jose Pedro Enz, M.D., M.P.H.  
Pediatrics, Infants and Adolescents

2500 Milvia St. Suite 204  
Berkeley, California 94704

(510) 548-8905

Date: January 26, 2007

Re: Daniel Arjona-Ortiz

Date of Birth: December 8, 1997

To whom it may concern:

Daniel is an eight year old boy whom has been my patient since birth. He has a history of frequent Perforative Chronic Otitis Media. He was referred to Dr. Cartwright a specialist in otolaryngology, Children's Hospital Oakland. Dr. Cartwright made the diagnosis of Cholesteatoma in the left ear with a CT scan. His audiology examination revealed mild to moderate conductive hearing loss in the left ear with abnormal tympanogram. He has been scheduled for Surgery on January 29, 2007 for a left ear mastoideectomy and it will be rescheduled if they do not obtain mother's authorization. Daniel will be given a second appointment for surgery on February, 2007.

For further questions you may call me at the above phone number.

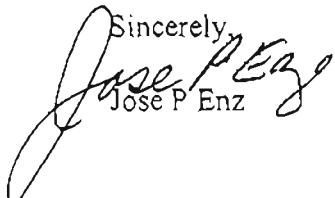
Sincerely,  
  
Jose P. Enz

EXHIBIT 2

Jose Pedro Enz, M.D., M.P.H.  
Pediatrics, Infants and Adolescents

2500 Milvia St. Suite 204  
Berkeley, California 94704

(510) 548-8905

Date: February 2, 2007

To Whom It May Concern:

Re: Miguel Arjona-Ortiz: DOB 2/21/01

Miguel has been my patient since birth. He has been healthy. His immunizations are up to date. He has a history of Reactive Airway Disease which can turn into Asthma. As an infant this caused a pneumonia. Last episode was 9/20/06 and was controlled with medication. He also received an Influenza Vaccine 10/23/06 to prevent his Reactive Airway Disease.

For further questions you may contact me at the above phone number.

Sincerely

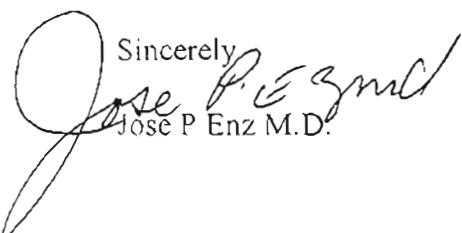
  
Jose P. Enz M.D.

EXHIBIT 3

IN THE UNITED STATES COURT OF APPEALS

FOR THE FIFTH CIRCUIT

No. 07-60545

U.S. COURT OF APPEALS  
FILED

AUG 15 2007

MAGDALY WALESKI ORTIZ-MORALES

CHARLES R. FULBRIDGE III  
CLERK

Petitioner

v.

ALBERTO R GONZALES, U S ATTORNEY GENERAL

Respondent

-----  
Petition for Review of an Order of the  
Board of Immigration Appeals  
-----

Before REAVLEY, SMITH, and BARKSDALE, Circuit Judges.

PER CURIAM:

IT IS ORDERED that petitioner's motion for stay of  
deportation pending review is *denied*.

MOT-21A

*jm* *AS* *BB*

EXHIBIT 4

## CERTIFICATION OF VITAL RECORD

CITY OF BERKELEY  
HEALTH AND HUMAN SERVICESCERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA

1200161001928

STATE FILE NUMBER		USE BLACK INK ONLY			LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	1A. NAME OF CHILD - FIRST (GIVEN) MIGUEL		1B. MIDDLE ANTONIO	1C. LAST (FAMILY) ARJONA ORTIZ		
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC. SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC.	4A. DATE OF BIRTH - MM/DD/YY 02/22/2001	4B. HOUR - 24 HOUR CLOCK TIME 0313	
PLACE OF BIRTH	5A. PLACE OF BIRTH - NAME OF HOSPITAL OR FACILITY ALTA Bates MEDICAL CENTER		5B. STREET ADDRESS - STREET, NUMBER, OR LOCATION 2450 ASHBURY AVENUE			5C. PLANNED PLACE OF BIRTH HOSPITAL
	5C. CITY BERKELEY		5D. COUNTY ALAMEDA			
FATHER OF CHILD	6A. NAME OF FATHER - FIRST (GIVEN) LEONEL	6B. MIDDLE	6C. LAST (FAMILY) ARJONA	7. STATE OF BIRTH MEXICO	8. DATE OF BIRTH 03/17/1969	
MOTHER OF CHILD	9A. NAME OF MOTHER - FIRST (GIVEN) MAGDALENA	9B. MIDDLE WALESKA	9C. LAST (MATERIAL) ORTIZ	10. STATE OF BIRTH BORDERTOWN	11. DATE OF BIRTH 02/11/1971	
INFORMANT CERTIFICATION	12A. I CERTIFY THAT I HAVE REVIEWED THE STATED INFORMATION AND THAT IT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. <i>Magdalena Ortiz</i>		12B. PARENT OR OTHER INFORMANT - SIGNATURE	12C. RELATIONSHIP TO CHILD MOTHER	12D. DATE SIGNED 02/22/2001	
CERTIFICATION OF BIRTH	13A. I CERTIFY THAT THE CHILD WAS BORN ALIVE AT THE DATE, HOUR AND PLACE STATED <i>2/22/01</i>		13B. ATTENDANT OR CERTIFIER - SIGNATURE <i>Jude Sym</i>	13C. LICENSE NUMBER NMW 303	13D. DATE SIGNED 2/27/01	
LOCAL REGISTRAR	15A. DATE OF DEATH	16B. STATE FILE NO. (STATE USE ONLY)	18. LOCAL REGISTRAR - SIGNATURE <i>John Wagner</i>	14. TYPED NAME AND TITLE OF CERTIFIER IF OTHER THAN ATTENDANT HOLLY WAGNER, PRINTL MGR.	17. DATE ACCEPTED FOR REGISTRATION 02/28/2001	

EXHIBIT 5

This is to certify that this document is a true copy of the official record filed with the City of Berkeley.

Poki Namkung, M.D., M.P.H., Local Registrar and Health Officer

by: *Poki Namkung*

DATE ISSUED

\*000294092\*

JUN 12 2006

LOCAL REGISTRAR AND HEALTH OFFICER

This copy not valid unless prepared on engraved paper displaying seal and signature of Registrar.



## CERTIFICATION OF VITAL RECORDS

## CITY OF BERKELEY

HEALTH AND HUMAN SERVICES

CERTIFICATE OF LIVE BIRTH  
STATE OF CALIFORNIA

1199761004525

STATE FILE NUMBER		USE BLACK INK ONLY				LOCAL REGISTRATION DISTRICT AND CERTIFICATE NUMBER	
THIS CHILD	14. NAME OF CHILD — FIRST (GIVEN) DANIEL		16. MIDDLE EDUARDO	18. LAST (FAMILY) ARJONA			
	2. SEX MALE	3A. THIS BIRTH, SINGLE, TWIN, ETC SINGLE	3B. IF MULTIPLE, THIS CHILD 1ST, 2ND, ETC	4A. DATE OF BIRTH — MM/DD/YY 12/08/1997	4B. HOUR — IN HOUR CLOCK TIME 080'		
PLACE OF BIRTH	5A. PLACE OF BIRTH — NAME OF HOSPITAL OR FACILITY ALTA Bates MEDICAL CENTER		5B. STREET ADDRESS -- STREET, NUMBER OR LOCATION 2450 ASHBY AVENUE			5C. PLANNED PLACE OF BIRTH HOSPITAL	
FATHER OF CHILD	6A. NAME OF FATHER — FIRST (GIVEN) LEONEL	6B. MIDDLE	6C. LAST (FAMILY) ARJONA-CORREA	7. STATE OF BIRTH MEXICO	8. DATE OF BIRTH 03/17/1968		
MOTHER OF CHILD	9A. NAME OF MOTHER — FIRST (GIVEN) MAGDALE	9B. MIDDLE WALESKA	9C. LAST (MIDDLE) ORTIZ-MORALES	10. STATE OF BIRTH HONDURAS	11. DATE OF BIRTH 02/11/1971		
INFORMANT CERTIFICATION	12A. PARENT OR OTHER INFORMANT — SIGNATURE Magdalena Ortiz		12B. RELATIONSHIP TO CHILD MOTHER	12C. DATE SIGNED 12/09/1997			
CERTIFICATION OF BIRTH	13A. ATTENDANT OR CERTIFIER — SIGNATURE Yvette Webster		13B. LICENSE NUMBER 0343	13C. DATE SIGNED 12-12-97			
LOCAL REGISTRAR	15A. DATE OF DEATH	15B. STATE FILE NO (STATE USE ONLY)	16. LOCAL REGISTRAR — SIGNATURE Peter Naukak	17. DATE ACCEPTED FOR REGISTRATION 12/15/1997			

EXHIBIT 5

This is to certify that this document is a true copy of the original record filed with the City of Berkeley.

Peter Naukak, MFT, MPH, Local Registrar and Health Officer  
by *Peter Naukak, MFT, MPH, Local Registrar and Health Officer*  
Acting Health Officer

\*000279329\*

DATE ISSUED

LOCAL REGISTRAR AND HEALTH OFFICER

This copy not valid unless prepared on engraved border displaying seal and signature of Registrar



OFFICE OF RECORDER  
**COUNTY OF ALAMEDA**  
 OAKLAND, CALIFORNIA

104.

CERTIFICATE OF LIVE BIRTH  
 STATE OF CALIFORNIA  
 USE BLACK INK ONLY

NAME OF CHILD - MIDDLE NAME	16 MIDDLE		17. DATE OF BIRTH (MONTH, DAY, YEAR)	18. PLACE OF BIRTH (NAME OF HOSPITAL OR FACILITY)		19. STREET ADDRESS, STREET NUMBER, OR LOCATION	20. HOUR (AM OR PM) CLOCK TIME	21. DATE OF BIRTH (MONTH, DAY, YEAR)
	22. LAST NAME	23. FIRST NAME		24. MIDDLE NAME	25. LAST NAME			
JENNIFER	CAROL	INNA	NOVEMBER 30, 1989	ALAMEDA	RAFES	MEJIA	0645	1989
PLACE OF BIRTH	28. CITY	29. STREET ADDRESS, STREET NUMBER, OR LOCATION	30. COUNTY	31. DATE OF BIRTH (MONTH, DAY, YEAR)	32. PLACE OF BIRTH (NAME OF HOSPITAL)	33. STREET ADDRESS, STREET NUMBER, OR LOCATION	34. HOUR (AM OR PM) CLOCK TIME	35. DATE OF BIRTH (MONTH, DAY, YEAR)
HIGHWAY 92 HOSPITAL	OAKLAND	1411 E. 91ST ST.	ALAMEDA	NOVEMBER 30, 1989	HIGHWAY 92 HOSPITAL	1411 E. 91ST ST.	0645	1989
FATHER OF CHILD	36. MIDDLE NAME	37. MIDDLE NAME	38. MIDDLE NAME	39. MIDDLE NAME	40. MIDDLE NAME	41. MIDDLE NAME	42. MIDDLE NAME	43. MIDDLE NAME
CAROL	INNA	RAFES	MEJIA	RAFES	MEJIA	RAFES	MEJIA	RAFES
MOTHER OF CHILD	44. MIDDLE NAME	45. MIDDLE NAME	46. MIDDLE NAME	47. MIDDLE NAME	48. MIDDLE NAME	49. MIDDLE NAME	50. MIDDLE NAME	51. MIDDLE NAME
MARIA	Y	Y	Y	Y	Y	Y	Y	Y
PARENT'S IDENTIFICATION	52. PARENT OR OTHER INFORMATION (NAME, ADDRESS, RELATIONSHIP TO CHILD)		53. ATTENDANT OR CERTIFIED HEALTH CARE PERSONNEL (NAME, ADDRESS, RELATIONSHIP TO CHILD)		54. ATTENDANT OR CERTIFIED HEALTH CARE PERSONNEL (NAME, ADDRESS, RELATIONSHIP TO CHILD)		55. ATTENDANT OR CERTIFIED HEALTH CARE PERSONNEL (NAME, ADDRESS, RELATIONSHIP TO CHILD)	
CERTIFICATION OF BIRTH	56. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		57. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		58. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT		59. TYPED NAME, TITLE AND MAILING ADDRESS OF ATTENDANT	
LEGAL	56. NAME OF ATTENDANT	57. TITLE	58. NAME OF ATTENDANT	59. TITLE	60. NAME OF ATTENDANT	61. TITLE	62. NAME OF ATTENDANT	63. TITLE
STAFF	64. DATE OF DEATH	65. DATE OF DEATH	66. DATE OF DEATH	67. DATE OF DEATH	68. DATE OF DEATH	69. DATE OF DEATH	70. DATE OF DEATH	71. DATE OF DEATH

EXHIBIT 5

001582171 CERTIFIED COPY OF VITAL RECORDS

# The Only Sacrament of Baptism

¶ This is to Certify ¶

JOSE MANUEL RAMOS ORTIZ

That

The Son of MACDALI CERVIZ MEJIA  
The Daughter of CARLOS RAMOS MEJIA  
and

BORN in BROWNSVILLE, TEXAS on NOVEMBER 10, 1987  
was Baptized on AUGUST 12, 1990 in the Church of  
OAKLAND, CALIFORNIA CITY

SAINT ELIZABETH PARISH

according to the Rite of the Roman Catholic Church  
by Rev. ARMANDO LOPEZ O.F.M.

Sponsors were ROSA MEDINA and CARLOS MEDINA

as recorded in the Baptismal Register of this Church

Wenceslao Q. Aguirre, OFM  
Pastor

Dated MAY 6, 2001

SEAL OF CHURCH

EXHIBIT 5